



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF LABOR STANDARDS

**PREVAILING WAGE COMPLAINT FORM**  
**For Workers on Public Works Projects**  
**Sections 290.210 through 290.340 RSMo**

P.O. Box 449, Jefferson City, MO 65102-0449  
Fax: 573-751-3721  
E-mail: laborstandards@dolir.state.mo.us  
www.dolir.mo.gov/ls

Complainant \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No.(s) \_\_\_\_\_ Social Security No. \_\_\_\_\_

**Type of Complaint** *(Please check all appropriate boxes.)*

- ☐ Underpayment of wages
- ☐ Incorrect occupational title of workers for type of work performed
- ☐ Underpayment of fringe benefits; if yes please identify fringes
- ☐ Health and Welfare
- ☐ Pension
- ☐ Vacation
- ☐ Other
- ☐ Failure to pay any fringe benefits
- ☐ No wage determination issued for project
- ☐ Failure to post wage determination

**PROJECT IDENTIFICATION**

Name of Contractor (Employer) \_\_\_\_\_

Address \_\_\_\_\_

Telephone No.(s) \_\_\_\_\_

☐ General (Prime) Contractor ☐ Subcontractor \_\_\_\_\_

Are you, or have you ever been, an employee of this contractor? ☐ Yes ☐ No

Project Name \_\_\_\_\_

Project Location \_\_\_\_\_

Contracting Public Body (who is this job for)? \_\_\_\_\_

If project is completed, list completion date \_\_\_\_\_

If project is not completed, list projected completion date \_\_\_\_\_

Period employed on this project (month, day, year) From: \_\_\_\_\_ To: \_\_\_\_\_

Type of project: ☐ Building ☐ Heavy ☐ Highway

**Supporting Documentation** *(Please attach the following documents.)*

- ☐ Check stubs/copies of payroll checks
- ☐ Photos/pictures of project-work performed
- ☐ Other information *(any supporting documentation)*

**SUMMARY OF COMPLAINT** *(Use additional sheet, if necessary.)*

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**STATEMENT OF VERIFICATION**

I, \_\_\_\_\_ do hereby affirm under penalties of perjury that the above-stated Information is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_ COMPLAINANT

**Supporting Documents:** Please return this form to the Division of Labor Standards with any documentation in support of the complaint. This includes, but is not limited to the following: Name; check stubs; work site photographs; copies of payroll checks; payroll ledgers; dates when public works construction was performed; and so forth.